Date guide prepared:	Personal Legal F	Readiness Record		
Dute guide prepared.				
	Section I - You	ır Personal Data		
Name	Rank		SSAN	
Military Address		Current Address		
State of domicile and basis for claiming this sta	te:			
Date and Place of Birth			Do you have a certified copy of your birth certificate in your possession? Location:	
Passport No.: Date and city of issuance: Expiration date:	Are you a naturalized		Naturalization Certificate No.	
Were you adopted?	Date and Place of Add		Do you have adoption papers in your possession? Location:	
Marital status:	Date and place of curre	ent marriage:		
Do you have a certified copy of your marriage possession? Location:	certificate in your	.Do you have a prenup Location:	tial agreement?	
If previously married, please list the following: Name of your prior spouse(s) .	Date and place of marria	age: Date	and circumstances of termination of marriage:	
Do you have a certified copy of any applicable possession? Location:	divorce decrees in your	Do you have a certified your possession? Location:	d copy of any applicable death certificates in	
	Section II - Your Sp	ouse's Personal Data		
Name	Rank (if applicable)		SSAN	
Military Address (if applicable)	Telephone Numbers Work: Home:		Current address	
State of domicile and basis for claiming this sta	te:			
Date and place of birth			Do you have a certified copy of your spouse's birth certificate in your possession? Location:	
Passport No. Date and city of issuance: Expiration date:	Is your spouse a natur		Naturalization Certificate No:	
Was your spouse adopted?	Date and place of ado	ption	Do you have adoption papers of your spouse in your possession?  Location:	

If your spouse was previously marr	ied, please li	st the following:			
Name of the prior spouse(s):	Date	and place of marriage:	Date and	d circumstan	ces of termination of marriage:
Do you have a certified copy of any	applicable o	divorce decrees in your	Do you have a certified	copy of any	applicable death certificates in
possession?			your possession?		
Location:			Location:		
			- Children		
If any of your children adopted, step				of the child n	
Name		place of birth (include	SSAN & Relationship		Passport No./ City and date of
		lace of adoption, if			issuance / expiration date
	applicable	)			
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Do you have certified copies of birtl	<u>l</u> h	For adopted children, of	lo you have adoption	Do you ha	ve a current Dependent Care
certificates for each of your children		papers in your possess		Certification	
possession?	,	Location::			
Location:					
If single parent or dual military, do	you have a	child care plan in the	Do you have current in	nmunization	records for all family members?
event of deployment?		•			-
Does it include a special power of a	attorney for th	ne care provider?	Location?		
Location:					
S	ection IV - C	other Family Members \	Who Are or May Becom	e Depender	nts
Name	Date & Pla	ice of Birth	SSAN & Relationship		Passport No./ City and date of
					issuance/ Expiration date
		· · · · · · · · · · · · · · · · · · ·			
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Section V - Estate and Probate Matters						
	Your Will		Your Spouse's Will			
Date of Will:						
Date last reviewed by an						
attorney:						
Location of Will:						
Name, address,						
and phone number						
of executor:						
Name, address						
and phone number of						
alternate executor:						
Name, address,						
and phone number						
of guardian:						
Name, address,						
and phone number of						
alternate guardian:						
Estimate value of the						
separate estates (exclude life insurance proceeds):						
Have there been any significant of	changes in					
family personal or financial condi	=					
the execution of your or your spous						
so, pleas	se explain.					
Have you or your spouse made any	substantial gifts (over \$10,000) in	recent years? Please	explain.			
Do you or your spouse have any rig	hts or expectations with regard to t	he estates of others	2 Please evelsin			
bo you or your spouse have any ng	into or expectations with regard to t	ne estates of others	: гівазе вхріані.			
Harra vari ardala a a a di carra dal	to the felloudge and broadest	11	a cidenacid bio an banniah a a a ta tha falla.			
Have you evidenced your wishes as means:	s to the following and by what	by what means:	e evidenced his or her wishes as to the following and			
Organ Donor Programs:		Organ Donor Programs:				
Disposition of Remains:		Disposition of Remains:				
Funeral Arrangements (Military Honor?, etc.):		Funeral Arrange	ments:			
Do you have a Living Will or Durable Power of Attorney for Health Care Decisions? Specify which and state the location of the original and any copies:			se have a Living Will or Durable Power of Attorney for cisions? Specify which and state the location of the copies:			

Section VI - Powers of Attorney									
(if oth	Type of Power er than General, list specific power	er granted)	Date of Execution	Date of Expiration	Locatio	n	Nan	ne and Address and Grantee	d Phone No. of
				Section VII - T	axes				
Year (list the last 5 years)	Federal Taxes: What kind of return did you file (1040A, etc./single, joint, etc.) and in which IRS region did you file? Include information on audits and amended returns.	No. of exemptions	Amount of refund or payment due (specify which)	State Taxes: of return did y (resident, non part-year resident) in what State(s)/Cour you file?	ou file -resident, dent), and	Amou refun paym due ( which	d or ent specify	Real Estate Taxes: In what State/County did you file?	Personal Property Taxes: In what State/County did you file?
	s and phone number for so			ployees for any o	of the past five	e years	? Please ε	explain.	

Section VIII - Financial Position							
Part A - Real Estate (Use a continuation sheet if necessary.)							
Legal Description of Real Est	tate	rait	A - Near Estati	Street Addre		at y. )	
Date Acquired	Purchase Prio	ce	Cost of Adde	-	Present Val	ue	Deed Recorded
Mortgage Company and Add	ress:	Balance		Interest Rate	Monthly Payments	Other Enc trust, etc.)	eumbrances (liens, deed of
Insurance Company and Address:			ne No.	Policy No/ Date	Expiration	Deductible	Limits
Legal Description of Real Est	tate			Street Addres	ss		
Date Acquired	Purchase Price	Э	Cost of Added		Present Valu	ıe	Deed Recorded
Mortgage Company and Add	ress	Balance		Interest Rate	Monthly Payments	Other Encui	mbrances s of trust, etc.)
Insurance Company and Add	Iress	Agent/Phor	ne No.	Policy No Date	/Expiration	Deductible	Limits
Description of real estate sold during the past year.  Property Sold Type Sale Date Sold Sales Price					d Sales Price		
	criptions of all le	ases held by	you or your spo	ouse (landlord/ Lessee		of time rental, e	etc.):  Expiration Date of Lease

Part B-Vehicles (Use continuation sheet if necessary)							
Year and Make			VIN				
State and Title No.	Lien Holder and A	ddress		Amount of Lien	Monthly Payments Date Payment will Complete		
Insurance Company and Address	Agent/Phone No.	Policy Number and Expiration Date	Value of Vehicle	Type of Coverage  Liability Comprehensive Collision Property Damage Un(under)insured motorist Other	Limits Ded	ductible	
Year and Make		1	VIN	<b>'</b>			
State and Title No.	Lien Holder and A	ddress		Amount of Lien	Monthly Payments Date Payments wil Complete		
Insurance Company and Address	Agent/ Phone No.	Policy Number and Expiration Date	Value of vehicle	Type of Coverage  Liability _ Comprehensive Collision Property Damage Un(under)insured motorist Other	Limits Dec	ductible	
Year and Make			∐ VIN				
State and Title No.	Lien Holder and A		VIIV	Amount of Lien	Monthly Payments Date Payments wil complete		
Insurance Company and Address	Agent/ Phone No.	Policy Number and Expiration Date	Value of Vehicle	Liability Comprehensive Collision Property Damage Un(under)insured motorist Other	Limits Dec	ductible	

Part C	- Other Property of Value	ue (jewelry, ho	usehold goods, etc.) (Cor		sheet recommended	)
List Propert	y of value	Value	Amount of Lien/Lien H Address	lolder	Monthly Payment Date payments end	Insurance
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			nal Liability or Property (			
Type of Insurance	Insurance Company Address	Agen Phone		er	Limits Deduct	ble Expiration Date
	Addiess	THORE	140.			
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	Part E - C	redit Cards			
any	Card Number		olen Cre		nding Balance yment Amt.
ual Funds, Other Sec	curities (attach a detaile	ed list with addresse	es and phone nu	mbers for perman	ent record)
				Present Value	Broker
Amount	Maturation Date	Co-Owner	or Beneficiary	Loca	
		any Card Number  Lial Funds, Other Securities (attach a detaile  Name & % of Co-Owner Type of Securi	Name & % of Co-Owner Type of Security Date Purchased	any Card Number Phone # if lost/stolen Cre	any Card Number Phone # if lost/stolen Credit Limit Outstar Minimum Pay    Card Number   Phone # if lost/stolen   Credit Limit   Outstar Minimum Pay

		Part H - Bank Ac	counts and	d Savings Deposits		
Type of Account Account Number	Financ Addre	cial Institution:	Joint Ov Address	vner(s)	Present Balance	Insurance
	Part I - Mi	iscellaneous Assets (note			a detailed list)	
Description of	f Asset	Co-Owner 8	k % Purchas	se Price Paid	Value	Annual Income
List all liabilities not listed i	n previous		J - Other Li	abilities		
Person/Institution: to Owed and Address		Description (long terr alimony, support, et		Legal Document Evidencing Liability	Balance	Annual/Monthly Payment and date payments end

			Section IX - Family	Protection			
	Part A - Life Insurance						
Type Ins. Policy Holder	Name and Address of Company	Agent and Phone No.	Policy No. and expiration date	Beneficiaries	Coverage	Cash Surrender Value	% interest rate on loans
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					<del></del>	-	
TOTAL amount	of benefits beneficiarie	es will receive up	on policyholder's dea	th:			
*Do any of your	life insurance policies						
Type Ins.	Name and Address	Agent and	Other Insurance (hea Policy No.	Beneficiaries	Coverage	Cash Surrender	% interest
Policy Holder	of Company	Phone No.	and expiration date	beneficialles	Coverage	Value	rate on loans
CHAMPUS Supplement							
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Part C - Assets of Minor Children  List children's assets not listed above (trust funds, education bonds, stock, etc. whether established by yourself or another)					
List children's assets not lis	sted above (trus	t funds, education bonds, stock,	, etc. whether established	by yourself or anoth	er)
Description of asset Location of documents	Value	Financial Institution: Address	Child(ren) Owner(s)	Co-Owner(s) or trustee	Limits on Availability
	· · · · · · · · · · · · · · · · · · ·				
			_	·	
				•	
					-
Total financial assets of each	ch minor child: _		<del></del>		<del></del>
	-				<del></del>
Have you established a coll	lege tuition plan	for each minor child?			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Part D - Military Sur			
List the amount of benefits	your family wou	ld receive if you should die toda			
a. Six months gratuity pa     b. Dependency and inder		ation: monthly, redu	upod to		
c. Social Security benefit	s:	monthly, reduced to	_ on	<del></del>	
d. Servicemen's Group L	ife Insurance: _	monthly, reduced to total payment;	lump sum;	monthly pay	ments
e. Others:			<del></del>		
L D. t.		Part E - Record of E	mergency Data		
Is your Emergency Data ca	rd up to date?				
Name and address of your	beneficiary spec	cified on your Emergency Data (	Card to receive settlement	of pay and allowand	ces:
Date record last reviewed:					
		ion X - Location of Valuable D	ocuments/Safety Depos	it Box	
Do you have a safety deposition of box:			Box number:		
Number of keys:	Location(s	) of keys:		<del></del>	
Name and address of Joint	Owner (if any):				

Section XI - Documents \	You Should Have Readily Available
Social Security numbers for all dependents Certified copies of birth certificates for all dependents Immunization Records for self and all dependents Certified copies of applicable marriage certificates Certified copies of applicable divorce decrees Naturalization certificates, if applicable Copies of all real estate papers Copies of all tax returns for the past 5 years	Copies of all ins. contracts (life, accident, renter's, etc.) Copies of all Powers of Attorney that you have issued Original Wills for you and your spouse Automobile papers Stocks, bonds, etc. Bank/Savings Deposit Books  *We also suggest a full inventory of personal property, to include a video
	picture as well as a written inventory.
Additional Information:	
Questions for Attorney:	